




OUT-OF-STATE DRIVER LICENSE EXTENSION/RENEWAL REQUEST

You may use this form to request an extension or a renewal of your driver license if you will be out-of-state at the time your license expires. To be eligible, your driving privilege must not be suspended, revoked, cancelled, or denied. You may also be required to provide additional vision and/or medical information. Please return the completed form to:
Department of Licensing, Driver Responsibility Technical Reporting, PO Box 9048, Olympia, WA 98507-9048.

| | | | | | |
|--|------------------------------|--|-------------------------|--|------------------------------|
| NAME (Last, First, Middle) | | | | WASHINGTON DRIVER LICENSE NUMBER | |
| WASHINGTON STATE RESIDENCE ADDRESS (Required for processing) | | | | SOCIAL SECURITY NUMBER--For all drivers, mandatory for child support laws, 42 USC 666(a), RCW 26.23.150. Kept on file at DOL. Used for identification, 42 USC 405. For commercial drivers, mandatory for identification purposes, 49 CFR 383.153, RCW 46.25.070. | |
| CITY | | STATE | ZIP CODE | | |
| SEX | BIRTHDATE (Month, Day, Year) | WEIGHT | HEIGHT | EYE COLOR | |
| OUT-OF-STATE MAILING ADDRESS | | | | E-MAIL ADDRESS (In case we need to contact you) | |
| CITY | | STATE | ZIP CODE OR POSTAL CODE | COUNTRY | (AREA CODE) TELEPHONE NUMBER |
| MEDICAL/VISION | | | | | |
| I certify that in the past six months I have not suffered a loss of consciousness or control that could impair my ability to safely operate a motor vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| I certify that my vision is at least 20/40 with or without corrective lenses <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| EXTENSION/RENEWAL REQUEST (Check all that apply) | | | | | |
| I am unable to return to the State of Washington at this time. I expect to return on _____. | | | | | |
| <input type="checkbox"/> I expect to return in 12 months or less from the expiration date printed on my Washington Driver License. I am enclosing a \$5.00 nonrefundable processing fee for an extension. I understand an extension will expire within seven days from the date I said I expect to return to Washington. I am requesting an extension of my: <input type="checkbox"/> basic driver license. Any existing motorcycle endorsement will be included in the extension. <input type="checkbox"/> commercial driver license (CDL). Any existing endorsements will be included in the extension except hazardous materials, which can only be extended for 45 days. Any request for more than 45 days will be considered a surrender of your hazardous materials endorsement. Once surrendered you will be required to take all necessary tests and pay all applicable fees to obtain a new one. | | | | | |
| <input type="checkbox"/> I expect to return more than one year from the expiration date printed on my Washington Driver License. A commercial driver license (CDL) cannot be renewed, by mail. A request for renewal of a CDL will be considered a CDL surrender. Once surrendered you will be required to take all necessary tests and pay all applicable fees to obtain a new one. I am requesting a renewal of my: <input type="checkbox"/> basic driver license only. I am enclosing a \$25.00 renewal fee + a \$5.00 nonrefundable processing fee. <input type="checkbox"/> basic driver license and existing motorcycle endorsement . I am enclosing a \$50.00 renewal fee + a \$5.00 nonrefundable processing fee. If you have an existing motorcycle endorsement and do not submit the appropriate fee, it will be considered a surrender of your motorcycle endorsement. Once surrendered you will be required to take all necessary tests and pay all applicable fees to obtain a new one. | | | | | |
| ATTESTATION | | | | | |
| I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. | | | | | |
| SIGN HERE Signature must appear within the box. | |  | | DATE SIGNED _____ PLACE SIGNED _____ | |

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.